

THE KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

P.O. Box 1360
Frankfort, Kentucky 40602
(502) 564-3296 ext. 227

APPLICATION FOR APPRENTICE RENEWAL

SS#:

Issue Date:

Your Apprentice Ophthalmic Dispenser license expires annually on December 31. In accordance with KRS Chapter 326.080 and regulations governing this profession, you are required to renew your license each year with the submission of this form, a renewal fee of \$25.00, by check or money order (**DO NOT SEND CASH**) made payable to the **Kentucky State Treasurer**, and show evidence of the completion of four (4) hours of continuing education. **Incomplete forms will be returned.**

Your renewal form must be received by this office (postmarked) no later than January 1, 2004. If your renewal is received (postmarked) after January 1, 2004 you will be required to pay an additional \$10.00 late penalty fee. **There are no exceptions.** At the end of a thirty-(30) day grace period, February 1, 2004, any license not renewed will be revoked. Any form, which must be returned due to incomplete or incorrect information, will be subject to late penalties if not received in our office by the deadline stated above.

PLEASE COMPLETE THE FOLLOWING

☐ Check here if **Name or Mailing Address** is different from above:

1. Name: _____ Home Phone: () _____

Address: _____

2. Present Business Name: _____ Business Phone: () _____

Business Address: _____

3. E-Mail Address: _____
(If Applicable)

4. Have you taken the ABO exam _____ yes _____ No . Have you taken the NCLE exam _____ yes _____ No.
If yes: Date: _____ Score: _____ If yes: Date: _____ Score: _____
Attach copy Attach copy

5. Sponsor Name: _____ Social Security Number: _____

6. Sponsor's Business Address: _____

Business Phone: () _____

201 KAR 13:055 Section 2.... Each apprentice ophthalmic dispenser licensee shall be required to complete a minimum of four (4) continuing education hours in order to renew his license each year.... Continuing education hours in excess of the number of required at the time of renewal of license may not be applied to future requirements.

List below all continuing education information requested. Documentation to support your continuing education hours is not to be submitted unless you are audited by the board.

Course Name and Number	Date(s) Mo/Day/Yr	Sponsor	Hours Earned
TOTAL NUMBER OF CE HOURS OBTAINED			=

Please provide the following information if continuing education information is not provided or incomplete.

✍ First year licensee. No continuing education is required if license was issued after September 1 of 2003. Date license issued _____.

Licenses issued from January 1 through August 31, 2003 do require continuing education.

✍ Requesting termination. (No fee or continuing education required.)

I, the licensee named in the above, do certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that it is my sole responsibility to notify the board immediately, in writing, of any changes in the above information.

SIGNATURE (required) _____ **Date:** _____

I hereby certify that I do/will provide supervision as required by KRS 326.035(1) and defined by 201 KAR 13:050, Section 2(3) for the above licensed apprentice. I further agree to accept responsibility for his/her practice and activities in his/her capacity as an apprentice ophthalmic dispenser.

SPONSOR'S SIGNATURE (required) _____ **Date:** _____